Docket No.: 107254

## APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: <a href="SYSTEMS">SYSTEMS</a> AND METHODS FOR SIMULATION, ANALYSIS AND DESIGN OF AUTOMATED ASSEMBLY SYSTEMS described and claimed in the specification:

	Check one								
	*a.	attached hereto.							
	b.	filed on	as Application No an	d amended on (if applicable).					
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as								
		amendment referred							
		nowledge the duty to Regulations, §1.56.	disclose to the Office all info	ormation known to me to be material to pater	ntability as defined in Title 37,				
	Under	r Title 35, U.S. Cod	e §119, the priority benefits	s of the following foreign application(s) and	d/or United States provisional				
				within one year prior to this application are					
	U.S. Provisional Application No. 60/258,544 filed December 29, 2000								
The following application(s) for patent or inventor's certificate on this invention were filed in countries for States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-name application(s) and/or United States provisional application(s):  I hereby appoint the following as my attorneys of record with full power of substitution and revocation application and to transact all business in the Patent Office:									
L.									
M. M.	I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:								
	James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;								
÷	Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;								
The state of	Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;								
L. C. S. S.				33,565; Stephen J. Roe, Reg. No. 34,463;					
Q		Joel S. Ar		Christopher W. Brown, Reg. No. 38,025;	and				
			Richard E. 1	Rice, Reg. No. 31,560.					
až.	ALL CODDE	PONDENCE IN C	ONDECTION WITH TH	IC ADDITION CHOILD DE CENT	TO OLUEE & DEDDINGE				
	ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.								
	own knowledge were made with	are true and that al the knowledge that Title 18 of the Unit	statements made on inform willful false statements and	the contents of this Declaration, and that all nation and belief are believed to be true; and the like so made are punishable by fine or h willful false statements may jeopardize th	d further that these statements imprisonment, or both, under				
1	Typewritten	Full Name							
	of First or S	Sole Inventor	John	J.	CRAIG				
			Given Name	Middle Initial	Family Name				
2	<u> </u>			Rycy					
3			11. DEC. 2001						
			Month	Day	Year				
	Residence:		Paso Robles	California	USA				
	Citizenship:	USA	City	State or Province	Country				
		Post Office Add (Insert complet	e 6720 Linne Road						
	**CD / \ \	mailing address	try) Paso Robles, CA	93446 tached to the specification (including claims					
	"II BOX (a.) IS C	).							

## PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

1	Typewritten Full No	ime	Rick	L	GUPTILL
of Se	cond Joint Inventor (	if any)	Given Name Purk Sup	N. C. d. dla Taitial	Family Name
2	**Inventor's Signate			13	7001
3	**Date of Signature		DEC	Day	Year
			Month	CA	USA
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		City		State of Trovince	
C		SA			
	(It	ost Office Address: usert complete	1277 Roycott Way		
		ailing address, cluding country)	San Jose, CA 95125		
1	Typewritten Full N	lame			
	hird Joint Inventor (i	( any)		Middle Initial	Family Name
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1	Typewritten Full	Name			
of	Fourth Joint Inventor	(if any)	Given Name	Middle Initial	Family Name
13	**Inventor's Sign	ature:			
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1	C TUCK. Indeed Immediate	(1) 411y)	Given Name	Middle Initial	Family Name
1 of	Fifth Joint Inventor				
of					
<i>of</i> 2	**Inventor's Sig **Date of Signa	nature:		D	Year
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<i>of</i> 2	**Inventor's Sig **Date of Signa Residence:	Post Office Address:		·	
<i>of</i> 2	**Inventor's Sig **Date of Signa Residence:	nature:		·	

Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.